

FORM NO. 10. MARGIN RESERVED FOR BUNDLING. WHEN PLAINLY, WITH ENVELOPING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Hampton

Township of Jefferson

or Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50597

Registration District No. 4-1-2-6 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Hampton Peters Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 17, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hampton Peters Sr.

(9) PRESENT POSTOFFICE OF FATHER Borden S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Hampton Co. S.C.

(13) OCCUPATION Field Laborer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Katy Lang.

(15) PRESENT POSTOFFICE OF MOTHER Borden S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Hampton Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) L. A. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Borden S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 22, 1916 (28) McCallister Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(Copy from original in file)